

10-May-12

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FEC MAIL CENTER

Enclosed is an amended Form 3X for the period July 1, 2011 to December 31, 2011 for First  
Commonwealth Financial Corp PAC. This amended filing is in response to the recent  
correspondence received from Brian Jones, Campaign Finance Analyst with the  
Federal Election Commission

Thank you.

12030810858

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 MAY 15 AM 11:45

Office Use Only  
FEC MAIL CENTER

12FE4M5

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

First Commonwealth Financial Corp PAC

ADDRESS (number and street)

PO BOX 400

Check if different  
than previously  
reported. (ACC)

Attn: Teresa Ciambotti

Indiana

PA

15701-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00348185

3. IS THIS  
REPORT

☐

NEW  
(N)

OR

☒

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

☒ January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐

Nov 20 (M11)  
(Non-Election  
Year Only)

☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐

Dec 20 (M12)  
(Non-Election  
Year Only)

☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2011

through

12

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Teresa Ciambotti

Signature of Treasurer

Teresa Ciambotti

Date

05

10

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

First Commonwealth Financial Corp PAC

Report Covering the Period:

From:

07 / 01 / 2011

To:

12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		454.12
(b) Cash on Hand at Beginning of Reporting Period	9,764.12	
(c) Total Receipts (from Line 19)	1,965.00	11,275.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11,729.12	11,729.12
7. Total Disbursements (from Line 31)	8,200.00	8,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,529.12	3,529.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*First Commonwealth Financial Corp PAC*

Report Covering the Period: From:

07 / 01 / 2011

To:

12 / 31 / 2011

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

### 11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees  
(i) Itemized (use Schedule A).....

1,220.00

7670.00

- (ii) Unitemized.....

745.00

3605.00

- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1965.00

11275.00

- (b) Political Party Committees.....

0.00

0.00

- (c) Other Political Committees (such as PACs).....

0.00

0.00

- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1965.00

11275.00

### 12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

### 13. All Loans Received.....

0.00

0.00

### 14. Loan Repayments Received.....

0.00

0.00

### 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

### 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

### 17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

### 18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

0.00

0.00

- (b) Levin Funds (from Schedule H5).....

0.00

0.00

- (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

### 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1965.00

11275.00

### 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1965.00

11275.00

12030810861

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	8,200.00	8,200.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8,200.00	8,200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	8,200.00	8,200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

1965.00  
0.00  
1965.00  
0.00  
0.00  
0.00

11,275.00  
0.00  
11,275.00  
0.00  
0.00  
0.00

12030810863

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. Emmerich, T. Robert Jr.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Name of Employer

FCB

Occupation

Chief Credit Officer

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. Fairman, Beverly A.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Name of Employer

FCB Board of Directors

Occupation

Board Member

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

C. Answine, Emmanuel J.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Name of Employer

FCFC

Occupation

SRP-Operations Executive

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

00.00

00.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **7** OF **15**  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

*First Commonwealth Financial Corp PAC*

A. Full Name (Last, First, Middle Initial)  
*Dahlman, David S.*

Mailing Address  
*P.O. Box 400*

City *Indiana* State *PA* Zip Code *15701*

FEC ID number of contributing federal political committee.

*C*

Name of Employer  
*FCFC*

Occupation  
*Chairman*

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
*500.00*

Date of Receipt

*MM / DD / YYYY*

Amount of Each Receipt this Period

*00.00*

B. Full Name (Last, First, Middle Initial)  
*Lakimer, Dale P.*

Mailing Address  
*P.O. Box 400*

City *Indiana* State *PA* Zip Code *15701*

FEC ID number of contributing federal political committee.

*C*

Name of Employer  
*FCFC - Board of Directors*

Occupation  
*Board Member*

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
*500.00*

Date of Receipt

*MM / DD / YYYY*

Amount of Each Receipt this Period

*00.00*

C. Full Name (Last, First, Middle Initial)  
*Parzych, Cheryl A.*

Mailing Address  
*P.O. Box 400*

City *Indiana* State *PA* Zip Code *15701*

FEC ID number of contributing federal political committee.

*C*

Name of Employer  
*FCB*

Occupation  
*Wealth Services Executive VP- Manager*

Receipt For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
*500.00*

Date of Receipt

*MM / DD / YYYY*

Amount of Each Receipt this Period

*00.00*

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

*00.00*



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **8** OF **15**

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

**First Commonwealth Financial Corp PAC**

Full Name (Last, First, Middle Initial)

A. **Laximer, Luke A**

Mailing Address

**P.O. Box 400**

City

**Indiana**

State

**PA**

Zip Code

**15701**

FEC ID number of contributing  
federal political committee.

**C**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**00.00**

Name of Employer

**FCFC/FCB**

Occupation

**Board of Directors-member**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Full Name (Last, First, Middle Initial)

B. **Dehan, John J.**

Mailing Address

**P.O. Box 400**

City

**Indiana**

State

**PA**

Zip Code

**15701**

FEC ID number of contributing  
federal political committee.

**C**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**00.00**

Name of Employer

**FCFC**

Occupation

**President/CEO**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1,000.00**

Full Name (Last, First, Middle Initial)

C. **Rout, Robert E.**

Mailing Address

**P.O. Box 400**

City

**Indiana**

State

**PA**

Zip Code

**15701**

FEC ID number of contributing  
federal political committee.

**C**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**00.00**

Name of Employer

**FCFC**

Occupation

**CEO/VP**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

SUBTOTAL of Receipts This Page (optional).....▶

**00.00**

TOTAL This Period (last page this line number only).....▶

**00.00**

12030810866

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **9** OF **15**

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**First Commonwealth Financial Corp PAC**

A. Full Name (Last, First, Middle Initial)  
**Tamb, Matthew C.**

Mailing Address  
**P.O. Box 400**

City **Indiana** State **PA** Zip Code **15701**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**FCFC**

Occupation

**ERP-Secretary**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**00.00**

B. Full Name (Last, First, Middle Initial)  
**Conner, William J.**

Mailing Address  
**P.O. Box 400**

City **Indiana** State **PA** Zip Code **15701**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**FCB**

Occupation

**SRP-Comm Real Estate Lender**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**240.00**

**(7-14-11 to 12-29-11)  
(\$20. semi-monthly)**

C. Full Name (Last, First, Middle Initial)  
**Price, Michael T.**

Mailing Address  
**P.O. Box 400**

City **Indiana** State **PA** Zip Code **15701**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**FCB**

Occupation

**President**

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**475.00**

Date of Receipt

**MM / DD / YYYY**

Amount of Each Receipt this Period

**300.00**

**(7-14-11 to 12-29-11)  
(\$25.00 semi-monthly)**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**540.00**

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. Taylor, Robert S. Jr.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCB

Occupation

SVP - SR. Corp. Banker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

50.00

(7-14-11 to 7-28-11)  
(\$25.00 semi-monthly)

Full Name (Last, First, Middle Initial)

B. Lombardi, Leonard V.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCFC

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

150.00

(7-14-11 to 12-29-11)  
(\$12.50 semi-monthly)

Full Name (Last, First, Middle Initial)

C. Smith, Steven M.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCFC

Occupation

SRP-Facilities Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

120.00

(7-14-11 to 12-29-11)  
\$10.00 semi-monthly

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

320.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. Fallon, Jeanine M.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

1570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCB

Occupation

SRP- Market Executive

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

120.00  
(7-14-11 to 12-29-11)  
\$10.00 Semi-monthly

Full Name (Last, First, Middle Initial)

B. McKee, William R.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCB

Occupation

VP-Middle Market Banker II

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

120.00  
(7-14-11 to 12-29-11)  
\$10.00 Semi-monthly

Full Name (Last, First, Middle Initial)

C. Ganning, Mark A.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCIA

Occupation

SRP- Wealth Sales Executive

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

120.00  
(7-14-11 to 12-29-11)  
\$10.00 Semi-monthly

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

360.00

12030810869

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. Lawry, Don

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCFC

Occupation

VP Finance

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Full Name (Last, First, Middle Initial)

B. Montgomery, Norm

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCB

Occupation

SVP-Business Integration

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Full Name (Last, First, Middle Initial)

C. Pyle, Douglas K.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FCB

Occupation

VP-Middle Market Banker II

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

00.00

12030810870

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. Kanick, Andrea

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0000

Name of Employer

FCFC

Occupation

Operations Manager II

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000

Full Name (Last, First, Middle Initial)

B. Lopushansky, Mark

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0000

Name of Employer

FCB

Occupation

SVP-Chief Treasury Officer

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000

Full Name (Last, First, Middle Initial)

C. Caponi, Julie A

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Name of Employer

FCFC / FCB

Occupation

Board of Directors-member

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0000

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

First Commonwealth Financial Corp PAC

Full Name (Last, First, Middle Initial)

A. Burba, Missy

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Name of Employer

FCFC

Occupation

VP-Budget + Profitability Manager

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Full Name (Last, First, Middle Initial)

B. Nelson, Sue

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Name of Employer

FCB

Occupation

SRP-Senior Trust Executive

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Full Name (Last, First, Middle Initial)

C. Koontz, Randall L.

Mailing Address

P.O. Box 400

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing  
federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

00.00

Name of Employer

FCB

Occupation

VP-Business Integration Manager

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

00.00

00.00

12030810872

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE 15 OF 15

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

*First Commonwealth Financial Corp PAC*

Full Name (Last, First, Middle Initial)

Date of Disbursement

07 / 07 / 2011

A. *Friends of Dave Reed*

Mailing Address

*P.O. Box 1440*

City

*Indiana*

State

*PA*

Zip Code

*15701*

Purpose of Disbursement

*Contribution*

Candidate Name

*Dave Reed*

011

Category/  
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: *PA*

District: *162<sup>nd</sup>*

Full Name (Last, First, Middle Initial)

Date of Disbursement

07 / 07 / 2011

B. *Friends of Don White*

Mailing Address

*P.O. Box 363*

City

*Indiana*

State

*PA*

Zip Code

*15701*

Purpose of Disbursement

*Contribution*

Candidate Name

*Don White*

011

Category/  
Type

Amount of Each Disbursement this Period

1,200.00

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: *PA*

District: *41<sup>st</sup>*

Full Name (Last, First, Middle Initial)

Date of Disbursement

11 / 21 / 2011

C. *PBAPAC*

Mailing Address

*3897 North Front Street P.O. Box 152*

City

*Harrisburg*

State

*PA*

Zip Code

*17108*

Purpose of Disbursement

*Contribution*

Candidate Name

011

Category/  
Type

Amount of Each Disbursement this Period

6,000.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8,200.00

12030810873



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☒ USPS Registered/Certified Postmarked (R/C)  
5/16/12

☐ USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

*Am/2*  
PREPARER  
(3/2005)

5/15/12  
DATE PREPARED

12030810874